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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet 1 of 1

<p>Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.</p> <p>Substitute for 1449/PTO</p> <p style="text-align: center;">INFORMATION DISCLOSURE STATEMENT BY APPLICANT</p> <p><i>(Use as many sheets as necessary)</i></p> <p>Sheet <u>1</u> of <u>1</u></p>		<p style="text-align: center;">Complete If Known</p> <table border="1"> <tr> <td>Application Number</td> <td>10/755,946</td> </tr> <tr> <td>Filing Date</td> <td>01/13/2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Francisco J. Ayala</td> </tr> <tr> <td>Art Unit</td> <td>2124-2129</td> </tr> <tr> <td>Examiner Name</td> <td>George B. Davis</td> </tr> <tr> <td>Attorney Docket Number</td> <td>128180-1000</td> </tr> </table>		Application Number	10/755,946	Filing Date	01/13/2004	First Named Inventor	Francisco J. Ayala	Art Unit	2124-2129	Examiner Name	George B. Davis	Attorney Docket Number	128180-1000
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Examiner Name	George B. Davis														
Attorney Docket Number	128180-1000														

**Examiner
Signature**

George Davis

Date
Considered

8/4/05

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EXAMINER: Initial if reference considered; whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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